



August 26, 2025



RE: [REDACTED] v. DoHS/BUREAU FOR MEDICAL SERVICES
ACTION NO.:25-BOR-2457

Dear Mr. [REDACTED]

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Human Services. These same laws and regulations are used in all cases to ensure that all persons are treated alike.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Kristi Logan
Certified State Hearing Officer
Member, State Board of Review

Encl: Recourse to Hearing Decision
Form IG-BR-29

cc: Connie Sankoff, Bureau of Senior Services

**WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW**

██████████,

Appellant,

v.

Action Number: 25-BOR-2457

**WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES,**

Respondent.

DECISION OF STATE HEARING OFFICER

INTRODUCTION

This is the decision of the State Hearing Officer resulting from a fair hearing for ██████████. This hearing was held in accordance with the provisions found in Chapter 700 of the Office of Inspector General Common Chapters Manual. This fair hearing was convened on August 26, 2025.

The matter before the Hearing Officer arises from the July 3, 2025, decision by the Respondent to deny medical eligibility for services through the Personal Care program.

At the hearing, the Respondent appeared by Connie Sankoff, RN with the Bureau of Senior Services. Appearing as a witness for the Respondent was Michelle Bishop, RN with Acentra Health. The Appellant was self-represented. Appearing as a witness for the Appellant was ██████████ his mother. The witnesses were placed under oath and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Hearing Request dated July 14, 2025
- D-2 Board of Review Scheduling Order dated July 29, 2025
- D-3 Notice of Denial dated July 3, 2025
- D-4 Pre-Admission Screening Summary dated July 2, 2025
- D-5 Pre-Admission Screening dated July 2, 2025

Appellant's Exhibits:

None

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

- 1) The Appellant applied for Personal Care Services (PCS).
- 2) A Pre-Admission Screening (PAS) was completed with the Appellant on July 2, 2025, in conjunction with the PCS application to determine medical eligibility for the program (Exhibits D-4 and D-5).
- 3) The Appellant was awarded a deficit in *vacating a building* as a result of the July 2025 PAS (Exhibits D-4 and D-5).
- 4) The Respondent sent a notice of denial on July 3, 2025, advising the Appellant that he had been determined medically ineligible for PCS as the PAS indicated the presence of one (1) deficit and policy requires the presence of at least three (3) deficits (Exhibit D-3).

APPLICABLE POLICY

Bureau for Medical Services Provider Manual Chapter 517 explains eligibility for Personal Care Services:

517.13.1 Medical Eligibility Determination

The Utilization Management Contractor (UMC) is the entity responsible to conduct the medical necessity assessment to confirm a person's eligibility for Personal Care services. The UMC will use the Pre-Admission Screening (PAS) tool to certify an individual's medical eligibility for PC services and determine the level of service required. To be medically eligible, a member must demonstrate three deficits, based on the presence and level of severity of functional deficits, possibly accompanied by certain medical conditions. A service level will be assigned based on a member's functional deficit and specified medical conditions identified on the PAS. The purpose of the medical eligibility review is to ensure the following:

- A. Applicants and existing members receiving Personal Care services are medically eligible based on current and accurate evaluations.
- B. Each applicant/member determined medically eligible for Personal Care services receives an appropriate service level that reflects current/actual medical conditions and short and long-term service needs.

517.13.5 Medical Criteria

An individual must have three deficits as described on the PAS Form to qualify medically for the Personal Care Program. These deficits are derived from a combination of the following assessment elements on the PAS. The UMC RN will use Center for Disease

Control (CDC) guidelines for age-appropriate developmental milestones as criteria when determining functional levels and abilities for children.

Section	Observed Level	
#26	Functional abilities of individual in the home	
a.	Eating	Level 2 or higher (physical assistance to get nourishment, not preparation)
b.	Bathing	Level 2 or higher (physical assistance or more)
c.	Dressing	Level 2 or higher (physical assistance or more)
d.	Grooming	Level 2 or higher (physical assistance or more)
e.	Continence, Bowel	Level 3 or higher (must be incontinent)
f.	Continence, Bladder	
g.	Orientation	Level 3 or higher (totally disoriented, comatose).
h.	Transferring	Level 3 or higher (one-person or two-person assistance in the home)
i.	Walking	Level 3 or higher (one-person assistance in the home)
j.	Wheeling	Level 3 or higher (must be Level 3 or 4 on walking in the home to use Level 3 or 4 for wheeling in the home. Do not count outside the home.)

An individual may also qualify for PC services if he/she has two functional deficits identified as listed above (items refer to PAS) and any one or more of the following conditions indicated on the PAS:

Section	Observed Level
#24	Decubitus; Stage 3 or 4
#25	In the event of an emergency, the individual is Mentally unable or Physically unable to vacate a building. Independently or With Supervision are not considered deficits.
#27	Individual has skilled needs in one or more of these areas: (g) suctioning, (h) tracheostomy, (i) ventilator, (k) parenteral fluids, (l) sterile dressings, or (m) irrigations.
#28	Individual is not capable of administering his/her own medications.

DISCUSSION

Pursuant to policy, an individual must have three deficits as described on the PAS form to qualify medically for the Personal Care program. The Respondent denied the Appellant's application for services through the Personal Care program as only one deficit was established from the July 2025 PAS.

Michelle Bishop, nurse reviewer for the Respondent, testified that the Appellant, his mother and his aunt were present for the July 2025 PAS and she reviewed the scoring of the PAS with everyone present. The Appellant and his mother, [REDACTED] contested the Appellant not receiving deficits in *bathing, grooming, continence and medication administration*.

Bathing and Grooming

The Appellant was assessed as a Level 1 – self/prompting – in *bathing and grooming*. Ms. [REDACTED] testified that her son suffers from depression and schizophrenia and she reminds him to bathe and perform grooming tasks. Ms. [REDACTED] stated that she sets out the Appellant's clothes and towel for

him and prepares his bath water. To receive a deficit in *bathing* and *grooming*, the Appellant would require physical assistance from another person to bathe and groom. The testimony provided indicated that the Appellant was correctly assessed as a Level 1 as he is physically able to bath and groom himself with prompting from his mother.

Continence Bowel/Bladder

The Appellant was assessed as a Level 1 – continent – of bladder and bowel. Ms. [REDACTED] testified that the Appellant has accidents with bowel and bladder occurring one to two times a week depending on his diet. The Respondent's nurse reviewer documented the denial of continence issues of bladder or bowel at the time of the July 2025 assessment and noted no incontinent supplies were in use. The Respondent correctly assessed the Appellant in the area of *continence*.

Medication Administration

The Appellant was assessed as able to administer his medications with prompting/supervision. Ms. [REDACTED] testified that the Appellant is unable to drive, and she must pick up his medication or have it delivered for him. The Appellant testified that his mother organizes his pills in a weekly pill planner and reminds him to take his medications. To receive a deficit in *medication administration*, the Appellant would require physical assistance of another person to administer the medication. The testimony provided indicated that they Appellant physically administers his own medications with prompting by his mother. The Appellant was correctly assessed as prompting/supervision in this area.

Based on the testimony provided, the Appellant was correctly assessed with only one deficit in *vacating a building*. Whereas no other deficits were identified and policy requires the presence of at least three deficits, the Appellant does not meet the medical eligibility criteria for Personal Care Services.

CONCLUSIONS OF LAW

- 1) Policy stipulates that an individual must have three deficits as derived from the PAS form to qualify medically for the Personal Care program.
- 2) The Appellant received a deficit in *vacating a building* on the July 2025 PAS.
- 3) Based on the testimony provided, no additional deficits were identified for the Appellant.
- 4) The Appellant does not meet the medical eligibility criteria for Personal Care Services.

DECISION

It is the decision of the State Hearing Officer to **uphold** the decision of the Respondent to deny the Appellant's application for Personal Care Services.

ENTERED this 26th day of August 2025.

Kristi Logan
Certified State Hearing Officer